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JAN 24 2007

16 Number of Pages (including this page)

Date: January 24, 2007

To: Commissioner for Patents  
Location: U.S. Patent and Trademark Office  
Fax No.: 1 (571) 273-8300 Centralized Facsimile Number  
From: Larry G. Brown REG. No. 45,834

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**MESSAGE:**

Enclosed herewith Applicants submit the following documents:

- Transmittal Form;
- Fee Transmittal for RCE and 2 month Extension of Time (in duplicate);
- Request for Continued Examination (RCE) Transmittal;
- Eleven (11) page Amendment (RCE).

<b>EXAMINER:</b>	Klimach, Paula W
<b>ART UNIT:</b>	2135
<b>APPLICATION SERIAL NO.:</b>	10/631,370
<b>FILE DATE:</b>	July 31, 2003
<b>INVENTORS:</b>	Stuart S. Kreitzer
<b>Confirmation No.</b>	2130
<b>Docket No.</b>	CE11296JEM - Kreitzer
<b>Customer No.</b>	24273

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, FAX No. 1 (571) 273-8300 Centralized Number addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:

Typed Name: Larry Brown

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Date:

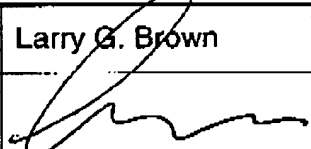
January 24, 2007


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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/631,370	
	Filing Date	July 31, 2003	
	First Named Inventor	Stuart S. Kreitzer	
	Group Art Unit	2135	
	Examiner Name	Klimach, Paula W	
Total Number of Pages in this Submission	15	Attorney Docket Number	CE11296JEM - Kreitzer

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/Declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request X Two Month <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-Related papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input checked="" type="checkbox"/> Request for Continued Examination (RCE)  <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter with appropriate copies  <input type="checkbox"/> Other Enclosure(s) (please identify below)	
Remarks X Facsimile Transmittal			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Larry G. Brown	Registration No.	45,834
Signature			
Date	January 24, 2007		

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile to the United States Patent and Trademark Office, at (571) 273-8300 Centralized Facsimile, addressed to :Mail Stop: <b>RCE</b> , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:	
Typed or printed name	Larry Brown
Signature	
Date	January 24, 2007

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b> Application Number: 10/631,370 Filing Date: July 31, 2003 First Named Inventor: Stuart S. Kreitzer Examiner Name: Klimach, Paula W Group Art Unit: 2135 Attorney Docket No.: CE11296JEM		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>JAN 24 2007</b>																																																																																																																																																																																																																																				
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<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the Above-identified deposit account.		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																						
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